Tamara Lynn Stokes In re William Harvey Stokes	According to the information required to be entered on this statement
Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: 13-41341 (If known)	■ The presumption arises.
(ii iiio wii)	\square The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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		Part II. CALCULATION OF M	ON	THLY INCO	ME FOI	R § 707(b)(7	7) E	XCLUSION		
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury:							alty of periury:		
		'My spouse and I are legally separated under a								
2		ourpose of evading the requirements of § 707(
		for Lines 3-11.				_				
		l Married, not filing jointly, without the decla ("Debtor's Income") and Column B ("Spou				out in Line 2.1	o abo	ove. Complete b	oth	Column A
		Married, filing jointly. Complete both Colu					Spor	use's Income'')	for I	Lines 3-11.
		gures must reflect average monthly income re-						Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ling. If the amount of monthly income varied onth total by six, and enter the result on the a			you must	divide the		Income		Income
3		s wages, salary, tips, bonuses, overtime, con					d.		ф	
		ne from the operation of a business, profess			Lina h fro	m Lina a and	\$	4,726.27	\$	4,581.05
		the difference in the appropriate column(s) of								
		ess, profession or farm, enter aggregate numb								
		nter a number less than zero. Do not include								
4	Line	b as a deduction in Part V.								
				Debtor		oouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary business expenses	\$	0.00		0.00	Ф	0.00	Ф	0.00
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
		s and other real property income. Subtract l								
		oppropriate column(s) of Line 5. Do not enter a conference of the operating expenses entered on Line b				include any				
5	part	or the operating expenses entered on Line of	as	Debtor		pouse				
3	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00				
	c.	Rent and other real property income	Su	btract Line b from			\$	0.00	\$	0.00
6	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
	Any a	amounts paid by another person or entity, o	n a	regular basis, for	the house	hold				
		nses of the debtor or the debtor's dependent								
8		ose. Do not include alimony or separate maint								
		e if Column B is completed. Each regular pay	•	•	•	one column;	\$	0.00	\$	0.00
		ayment is listed in Column A, do not report the amount in		-		0	Ψ	0.00	Ψ	0.00
		ever, if you contend that unemployment comp								
		it under the Social Security Act, do not list the								
9		but instead state the amount in the space belo		•						
		mployment compensation claimed to	ф	2.00 g	ф	0.00				
	be a	benefit under the Social Security Act Debtor	rъ	0.00 Spe	ouse \$	0.00	\$	0.00	\$	0.00
		ne from all other sources. Specify source and								
		separate page. Do not include alimony or sep								
	spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or									
10	domestic terrorism.									
	Debtor Spouse									
	a.		\$		\$					
	b.		\$		\$					
	Total and enter on Line 10						\$	0.00	\$	0.00
	Subte	otal of Current Monthly Income for § 707(b	(7)	. Add Lines 3 thru	10 in Colu	ımn A and if	1		l	
11		nn B is completed, add Lines 3 through 10 in				iiiii 71, and, n	\$	4,726.27	¢.	4,581.05

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		9,307.32
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	111,687.84
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 2	\$	51,554.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does n	ot arise" at the
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	TION OF CUR	RREN	T MONTHLY INCOM	ME FOR § 707(b)(2	2)	
16	Enter the amount from Line 12.					\$	9,307.32
17	Marital adjustment. If you checked Column B that was NOT paid on a re dependents. Specify in the lines below spouse's tax liability or the spouse's samount of income devoted to each punot check box at Line 2.c, enter zero.	gular basis for the withe basis for exclupport of persons of	househ uding t other th	old expenses of the debtor or the Column B income (such a an the debtor or the debtor's	the debtor's s payment of the dependents) and the		
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$	0.00
18	Current monthly income for § 707(a)(2) Subtract Lin	17 fm	om Line 16 and enter the res	.14	\$	9,307.32
10	•					т	-,
	Part V. CA	LCULATION	OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Dedu	ctions under St	andar	ds of the Internal Revenu	ie Service (IRS)		
19A	National Standards: food, clothing Standards for Food, Clothing and Ott at www.usdoj.gov/ust/ or from the clothat would currently be allowed as ex additional dependents whom you sup	er Items for the ap ork of the bankrupt emptions on your f	plicabl cy cour	e number of persons. (This in t.) The applicable number of	formation is available persons is the number	\$	1,029.00
19B	National Standards: health care. E Out-of-Pocket Health Care for persor Out-of-Pocket Health Care for persor www.usdoj.gov/ust/ or from the clerk who are under 65 years of age, and e older. (The applicable number of person be allowed as exemptions on your fec you support.) Multiply Line a1 by Lin Line c1. Multiply Line a2 by Line b2 c2. Add Lines c1 and c2 to obtain a te	s under 65 years of s 65 years of age of the bankruptcy onter in Line b2 the ons in each age cal eral income tax refue b1 to obtain a total arotal health care amount of the bank of the b	f age, a or older court.) applica tegory turn, pl otal amo mount f	nd in Line a2 the IRS Nation (This information is availab Enter in Line b1 the applicabilities and the number of persons who as the number in that category as the number of any additionant for persons under 65, and or persons 65 and older, and ad enter the result in Line 191	al Standards for le at ble number of persons are 65 years of age or that would currently hal dependents whom d enter the result in enter the result in Line B.		
	Persons under 65 years			Persons 65 years of age			
	a1. Allowance per person b1. Number of persons	60	b2.	Allowance per person Number of persons	144		
	c1. Subtotal	120.00		Subtotal	0.00	\$	120.00
20A	Local Standards: housing and utilit Utilities Standards; non-mortgage expavailable at www.usdoj.gov/ust/ or from the number that would currently be all any additional dependents whom you	penses for the appli om the clerk of the lowed as exemption	icable c bankru	ounty and family size. (This ptcy court). The applicable fa	information is amily size consists of	\$	527.00

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ 1,531.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ 729.01 c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your						
	contention in the space below: Cannot sell house; have apartment, too		\$	709.00			
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.						
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 ■ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation						
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	230.43			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs] \$ 517.00						
	Average Monthly Payment for any debts secured by Vehicle						
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$ 0.00 Subtract Line b from Line a.	<u>'</u> _{\$}	517.00			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,						
	security taxes, and Medicare taxes. Do not include real estate or sales taxes.						

26	Other Necessary Expenses: involuntary deductions for eductions that are required for your employment, such as r Do not include discretionary amounts, such as voluntary	\$	0.00			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
28	Other Necessary Expenses: court-ordered payments. En pay pursuant to the order of a court or administrative agency include payments on past due obligations included in Lir	y, such as spousal or child support payments. Do not	\$	0.00		
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expend education that is required for a physically or mentally challed providing similar services is available.	for education that is a condition of employment and for	\$	0.00		
30	Other Necessary Expenses: childcare. Enter the total averabildcare - such as baby-sitting, day care, nursery and presc		\$	0.00		
31	Other Necessary Expenses: health care. Enter the total average health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is in include payments for health insurance or health savings	excess of the amount entered in Line 19B. Do not	\$	608.64		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you					
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$	6,391.84		
3/1	Health Insurance, Disability Insurance, and Health Savin the categories set out in lines a-c below that are reasonably dependents.					
34	a. Health Insurance	614.64				
	b. Disability Insurance	0.00				
	c. Health Savings Account	0.00	\$	614.64		
	Total and enter on Line 34.					
	If you do not actually expend this total amount, state you below: \$	r actual total average monthly expenditures in the space				
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.					
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you					
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local					
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	nce at a private or public elementary or secondary . You must provide your case trustee with plain why the amount claimed is reasonable and	¢	0.00		
	I necessary and not an early accounted for in the IRS Stall	uui uu	\$	U.UU		

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Best Case Bankruptcy

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$	0.00	
40	(Cont	inued charitable contributions.	Enter the amount that you will conting anization as defined in 26 U.S.C. §	nue to	o contribute in the c)(1)-(2).	e form of cash o	-	5.00
41	+			ns under § 707(b). Enter the total of				\$	619.64
			-	Subpart C: Deductions for D				Ψ	0.0.0.
42	o a a b	wn, nd c mou ank	re payments on secured claims. list the name of the creditor, iden heck whether the payment includents scheduled as contractually du	For each of your debts that is secure ntify the property securing the debt, a des taxes or insurance. The Average Nate to each Secured Creditor in the 60 cessary, list additional entries on a se	d by a nd sta Ionth montl	n interest in prop te the Average N ly Payment is the hs following the	Ionthly Payment total of all filing of the	,	
			Name of Creditor	Property Securing the Debt	A	verage Monthly Payment			
		a.	Bank of America Home Loans	1218 Roberts Street, Hancock, MI, single family home	\$	729.01			
		b.	GM Financial	2011 Chevrolet	\$	286.57	□yes ■no		
					7	Total: Add Lines		\$	1,015.58
43	motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount aNONE-						, the	0.00	
	TO TO		anta on muonotition muiouity ala	ims. Enter the total amount, divided	hr. 60		otal: Add Lines	\$	0.00
44	p	rior		y claims, for which you were liable at				\$	0.00
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. \$ 0.00						\$	0.00	
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.						\$	1,015.58	
	Subpart D: Total Deductions from Income								
47							\$	8,027.06	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION								
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))						\$	9,307.32	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	8,027.06		
50	N	Ion	thly disposable income under §	707(b)(2). Subtract Line 49 from Lin	e 48	and enter the res	ılt.	\$	1,280.26
51		0-m esul		§ 707(b)(2). Multiply the amount in I	ine 5	0 by the number	60 and enter the	\$	76,815.60

	Initial presumption determination. Check the applicable box ar	d proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
	■ The amount set forth on Line 51 is more than \$11,725* Che statement, and complete the verification in Part VIII. You may a	eck the box for "The presumption arises" at the top of page 1 of this lso complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$7,025*, but not more the	an \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$						
54	Threshold debt payment amount. Multiply the amount in Line	53 by the number 0.25 and enter the result. \$						
	Secondary presumption determination. Check the applicable be	ox and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. of this statement, and complete the verification in Part VIII.	Check the box for "The presumption does not arise" at the top of page 1						
33	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.							
	Part VII. ADDITIONAL	L EXPENSE CLAIMS						
56	you and your family and that you contend should be an additiona	herwise stated in this form, that are required for the health and welfare of l deduction from your current monthly income under § trate page. All figures should reflect your average monthly expense for						
	Expense Description	Monthly Amount						
	a.	\$						
	b.	\$						
	c.	\$						
	d. Total: Add Lines a	b, c, and d \$						
		<u> </u>						
	Part VIII. VEF	IFICATION						
	I declare under penalty of perjury that the information provided i must sign.) Date: February 8, 2013	n this statement is true and correct. (If this is a joint case, both debtors Signature: /s/ Tamara Lynn Stokes						
57		Tamara Lynn Stokes (Debtor)						
	Date: February 8, 2013	Signature /s/ William Harvey Stokes						
		William Harvey Stokes (Joint Debtor, if any)						

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2012 to 12/31/2012.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: St. Joseph Mercy HS Ann Arbor

Year-to-Date Income:

Starting Year-to-Date Income: \$22,766.71 from check dated 6/28/2012. Ending Year-to-Date Income: \$51,124.34 from check dated 12/28/2012.

Income for six-month period (Ending-Starting): \$28,357.63 .

Average Monthly Income: \$4,726.27.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **07/01/2012** to **12/31/2012**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: NLB Corp

Year-to-Date Income:

Starting Year-to-Date Income: \$28,749.61 from check dated 6/28/2012. Ending Year-to-Date Income: \$56,235.91 from check dated 12/27/2012.

Income for six-month period (Ending-Starting): \$27,486.30 .

Average Monthly Income: \$4,581.05.